



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 12:22 pm, Aug 30, 2024

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 107975	NAME OF AGENCY Stoddard County (MSC)	DATE OF INSPECTION 08/21/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden St. Warrensburg, MO 64093		TIME OF INSPECTION 2:28 pm

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeter's	LOT # <u>AG309501</u> EXP. DATE <u>04/05/2025</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIM. SN _____ SIM. NIST EXP DATE _____

- CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
 Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
  - 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
  - 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
  - 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1  .101	TEST 2  .100	TEST 3  .100
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- RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Ryan Schildknecht
TYPE II PERMIT NUMBER/EXPIRATION DATE 230225 10/19/2025	TELEPHONE NUMBER (660) 543-4573

Return completed report to the Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 187975  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00705

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/21/24 14:25 .000  
Calibration Check:  
20 08/21/24 14:25 .101

Subject Name

Test 1  
Subject I.D.

Operator Name, I.D.

J. Sch...  
Location  
MSC

AS IV Serial no: 187975  
Version no: 532B

TEST RECORD 00706

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/21/24 14:28 .000  
Calibration Check:  
22 08/21/24 14:28 .100

Subject Name

Test 2  
Subject I.D.

Operator Name, I.D.

J. Sch...  
Location  
MSC

AS IV Serial no: 187975  
Version no: 532B

TEST RECORD 00707

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/21/24 14:30 .000  
Calibration Check:  
23 08/21/24 14:30 .100

Subject Name

Test 3  
Subject I.D.

Operator Name, I.D.

J. Sch...  
Location  
MSC

AS IV Serial no: 187975  
Version no: 532B

TEST RECORD 00708

Temp Date Time <sup>g/</sup> 210L

VOID: RFI  
12 08/21/24 14:32

Subject Name

Test  
Subject I.D.

Operator Name, I.D.

J. Sch...  
Location  
MSC





STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT  
TYPE II**

**RYAN SCHILDKNECHT**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 10/19/2023

NUMBER 230225

EXPIRES 10/19/2025

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



**STATE OF MISSOURI**  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator SCHILDKNECHT, RYAN  
Permit No 230225  
Date Issued 10/19/2023 Date Expires 10/19/2025